

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m. G</i>		<i>9/1/29</i>
O.I.P.E. CLASSIFIER		<i>13</i>	<i>9/3/29</i>
FORMALITY REVIEW	<i>WMD</i>	<i>08531</i>	<i>9/8/29</i>

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 ..... Allowed                      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted                  O ..... Objected

Claim	Date
1	2/20
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
51	✓
52	✓
53	✓
54	✓
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56	✓
57	✓
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94	✓
95	✓
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97	✓
98	✓
99	✓
100	✓

Claim	Date
110	✓
111	✓
112	✓
113	✓
114	✓
115	✓
116	✓
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136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)